

Remarks of Joe B. Tye
President
Stop Teenage Addiction To Tobacco (STAT)
Springfield, Massachusetts

PREVENTING THE SALE OF TOBACCO TO MINORS: A COMPREHENSIVE
APPROACH TO REDUCING JUVENILE NICOTINE ADDICTION

"It's not the last pack of cigarettes that kills you. It's the first."

*High school football coach Hugh McCabe,
who died of cigarette-caused lung cancer*

AN EPIDEMIC OF TEENAGE TOBACCO ADDICTION

In the United States today, more than three million children under the age of 18 years regularly smoke cigarettes or use smokeless tobacco. They are sold approximately \$1.25 billion in tobacco annually. More than two million others are actively experimenting with tobacco use, and at high risk for becoming regular users.¹

More than half of these children begin using tobacco before the age of 14 years, and 90% begin by the age of 19 years. For many of these youngsters, childhood use of tobacco will be the first step down the road of addiction, disease, and death. For some, tobacco will be their first experience with using, and becoming dependent upon, a chemical substance to modulate their moods and feelings, and will facilitate their progression to other, illicit drug use.

Tobacco use by young people is a problem easily understandable in terms of economic demand and supply. A major factor in creating demand for tobacco within young age groups is tobacco industry advertising and promotion. Inadequate and unenforced laws assure that this demand is met with a readily available supply. Furthermore, in accordance with the economics principle of Say's Law, the ready supply of cigarettes and other tobacco products can, in and of itself, augment demand (the fundamental argument of the "supply and demand" theory).

In the six years following the introduction of Virginia Slims and other "feminine" cigarettes in 1968, the number of teenage girls who regularly smoke more than doubled so that by the mid-1970s, teenage smoking reached an apparent peak. During the late 1970's, the rate of smoking among teenage boys decreased while female smoking remained intractably high. In retrospect, the decline in male smoking was probably less a function of successful health education than it was of aggressive marketing by smokeless tobacco companies. During the early and mid-1980s, teenage tobacco use rates appear to have stabilized, albeit at an unacceptably high rate.²

Unfortunately, although smoking in the adult population is declining, there is growing evidence that smoking by teenagers has been increasing over the past few years.^{3,4} This is probably a response to massive increases in tobacco company advertising and promotional campaigns that directly target young people.

Tobacco is, in the words of a former director of the National Institute on Drug Abuse, "a powerfully addictive drug."⁵ The Surgeon General's 1989 report on nicotine addiction concluded that nicotine is as addictive as heroin. According to Dr. Neal Benowitz, a leading authority on nicotine addiction, a child who smokes just one pack of cigarettes will develop a substantial tolerance to the drug effects of nicotine, which is the first step in the addiction process.⁶

2026172383

The earlier a person begins smoking, the more unlikely it is that they will be able to quit later as adults, and the more likely it is that they will suffer and die from a disease caused by smoking.⁷

For many young people, tobacco serves as a gateway drug, introducing them to the use of chemical substances to modulate moods, and conditioning them to physical dependence on drugs. Former NIDA Director R. DuPont concluded that "prevention of cigarette smoking is a high priority in the prevention of dependence on all drugs."⁸

EASY ACCESS TO A DRUG INCREASES CONSUMPTION

Although 43 States and the District of Columbia prohibit the sale of tobacco to minors—most often defined as anyone under the age of 18 years—youngsters who want to obtain cigarettes find it easy to do so. An estimated one billion packs of cigarettes are sold to minors under the age of 18 years every year, usually in violation of the law.¹ The National Adolescent Student Health Survey of 12,000 students found that 86% of respondents believed it would be easy for them to obtain cigarettes.⁹

There are many reasons to prevent minors from obtaining tobacco products. First, easy availability conveys a message that the substance is not really very harmful. Second, illegal tobacco sales to minors foster disrespect for the law, and may help young people build the nerve to partake of illegal sales of alcohol or illicit drugs. Third and most obvious, the harder it is for young people to obtain tobacco, the fewer will use the substance.

Easy access to any drug increases usage of that drug, including nicotine. In his book on the vast social problems created by heroin addiction, Richard Kaplan describes the analogy with tobacco: "As many cigarette smokers have found out, the ready availability of that drug has two major effects. First, it increases the amount they use at those times when they want to smoke; and second, the fact that they can always start again easily, even after they have stopped use, increases their difficulty in giving up the drug completely."¹⁰

As Kaplan notes in his book, it has been shown by historical example that reducing access to a drug will reduce consumption of that drug:

Opium consumption dropped sharply in England after 1868 when, though use of the drug remained legal, it could only be acquired through pharmacies.

Fourteen percent of American soldiers in Viet Nam used heroin, which was cheaply and easily available. Upon return to the U.S., where heroin is relatively expensive and difficult to obtain, 70 percent of heroin users quit.

In China, a widespread opium addiction began to resolve only after the government, in the early part of this century, began to impose draconian punishments on its sale and use.

The prohibition of alcohol in this country, though a failure as social policy, did, in fact, reduce consumption.

Though it seems obvious that increasing availability increases drug use among young people, and conversely, reducing availability should decrease use, there have been few empirical studies. The incredible increase of cocaine availability over the past ten years is no doubt substantially responsible for the increase in cocaine consumption among young people over the same period.

In the case of alcohol, one effect of raising the legal drinking age to 21 years has been a reduction of alcohol purchases and consumption by teenagers. During the first year that the drinking age in New York was raised from 19 to 21 years, alcohol purchases by 16-20-year-olds decreased by half, and alcohol consumption among this age group dropped by 21%.¹¹ Between 1982 and 1987, there was a 34% reduction

2026172384

in the proportion of intoxicated teenagers involved in fatal automobile accidents as a result of raised drinking ages in many States and the changed social acceptability of drinking and driving.¹²

MINORS' ACCESS TO TOBACCO

Notwithstanding that easy access increases consumption, including among young people, most States have taken no effective action to restrict minors' access to tobacco.

Although 44 States have some legislation preventing minors' access to tobacco products, only three (Indiana, Utah, and Idaho) are considered to meet the standards for even "basic" coverage based upon criteria established by the U.S. Office on Smoking and Health, meaning that in addition to establishing a minimum age for sale, there are penalties for merchants selling tobacco to minors and some restrictions on the placement of cigarette vending machines. Six States have no minimum age law whatsoever (Montana, Wyoming, New Mexico, Missouri, Louisiana, and Kentucky). No State law is considered to be "comprehensive," which, in addition to the basic category's requirements would include a requirement for warning signs at the point of purchase, provision to revoke merchant licenses for violation, and a ban on the distribution of free tobacco products.¹³

In his 1989 report, the Surgeon General stated:

"In marked contrast to the trends in virtually all other areas of smoking control policy, the number of legal restrictions on children's access to tobacco products has decreased over the past quarter century. Studies indicate that compliance with minimum-age-of-purchase laws is the exception rather than the rule."¹⁴

TOBACCO SALES TO MINORS FROM RETAIL STORES

Surveys of young people show that they believe it is easy for them to obtain cigarettes and other tobacco products, notwithstanding that in most State such transactions are illegal. The National Adolescent Student Health Survey found that 86% of students believe it would be easy for them to obtain cigarettes.⁵

In studies across the country, it has been shown that on average, 75% of retail stores sell tobacco to minors as young as 12 years old. In one Massachusetts community, an 11-year-old girl was successful in purchasing cigarettes at 75 out of 100 attempts.¹⁵ In the largest trial of this type, 18 minors aged 14 to 16 years visited 412 stores and 30 vending machines with the intent of purchasing cigarettes. They were successful at 74% of the stores and 100% of the vending machines.¹⁶ In Erie County, New York, minors purchased cigarettes in 77% of stores that had received a special mailing about the law prohibiting tobacco sales to minors, and in 88% of stores that did not receive the mailing.¹⁷

Trials in at least 18 different communities have yielded similar results: on average, three of four retail stores will sell tobacco to minors, in violation of the laws of their State.¹⁸

Researchers asked tenth graders in two Minnesota communities, "Have you ever purchased cigarettes from any of these places," with the following results:

Location	Percent Answering "YES"
Drug Stores	42
Grocery Stores	53
Convenience Stores	68
Vending Machines	71
Gas Stations	80

2026172385

Most teens thought it would be "very easy" (55%) or "fairly easy" (31%) to obtain cigarettes. Among smoking teenagers, 90% thought it was "very easy" to obtain cigarettes.¹⁰

CIGARETTE VENDING MACHINE SALES TO MINORS.

As mentioned above, when minors aged 14 to 16 years attempted to purchase cigarettes from 30 vending machines in Santa Clara County, California, they were successful in all 30. Even after a massive community education program had reduced illegal over-the-counter cigarette sales to minors by 50%, vending machine sales remained at 100% on post-test.

In a major study covering the three-State area surrounding Washington, D.C., Davis and colleagues escorted underage minors to 120 cigarette vending machines (twice each, for a total of 240 attempts). The children were successful in 100% of attempts to buy cigarettes.²⁰ Davis concluded, "This shows conclusively that teenagers have easy access to cigarette vending machines in three different jurisdictions in the Washington, D.C. area. There is every reason to believe this reflects the situation across the country."²¹ Identical results were obtained when underage minors were escorted to cigarette vending machines in New York City, Colorado and New Brunswick, New Jersey.

A study by the National Automatic Merchandising Association (NAMA), the trade association for the cigarette vending machine business, confirms the impression that vending machines are the source of cigarette supply for many very young teenagers when they first begin to experiment with smoking. The study found that, while only 16% of teens regularly obtained their cigarettes from vending machines (which still represents more than half a million teenagers), vending machines are a key source of supply for young teens. Among the study's conclusions were:

Thirteen-year-olds are eleven times as likely as seventeen-year-olds to buy cigarettes from vending machines (22% vs. 2%).

Most teens (56%) say they use vending machines "because no one will stop me from buying cigarettes this way."

Whereas, virtually all teenage smokers (96%) had been stopped from buying cigarettes over-the-counter, only about one-in-ten (11%) had ever been stopped from buying cigarettes from a vending machine.

A growing trend is to sell cigarettes and candy from the same vending machines, which is likely to further encourage and facilitate cigarette sales to minors.

FREE CIGARETTE SAMPLES

Tobacco companies spent \$265,000,000 giving away free cigarette samples through direct distribution or coupons during 1988, the most recent year for which data are available.²² One of the key functions of tobacco company give-aways is to provide young people with their first experimental packs of cigarettes or smokeless tobacco products at no cost and little risk of being caught. That young people are the target for many free cigarette distribution campaigns was made clear by a recent Camel advertisement that included a coupon with the encouragement to get a friend or a "kind-looking stranger" to redeem the pack for you if you are uncomfortable, an obvious come-on to underage youth.

Sean Marsee, the Oklahoma youth who died at the age of 18 years of mouth cancer caused by using smokeless tobacco, got started when a tobacco company representative gave him a free pack of snuff at a rodeo. Indeed, the giving away of free samples to young nonusers has been a foundation of the growth strategy of the U.S. Tobacco Company (makers of Skoal, Copenhagen, Happy Days, and other smokeless tobacco products). The company has run advertisements in youth-oriented magazines offering free samples,

2026172386

complete with instructions for use, and promiscuously gives free samples to young people at music, sporting, and other events.

Davis and colleagues asked a large number of young people if they had personally been given free tobacco samples; 14% of the total and 20% of the high school students responded in the affirmative. Approximately half reported having seen other teenagers given free cigarette samples.²³ DiFranza organized a group of young people to send coupons in response to tobacco company solicitations for free tobacco samples being sent through the mail. Fifteen of twenty were mailed free tobacco samples at home, in violation of Massachusetts State law.²⁴

STUDENT SMOKING AREAS IN SCHOOLS

Unfortunately, many schools maintain student smoking areas on campus, despite the fact that in most States, it is illegal for students to purchase and, in some States, to possess tobacco products. This is a vital access-related issue in that officially sanctioned student smoking areas in the schools sends a message to teens that it is acceptable for young people to obtain and use tobacco products.

In one study of two matched schools, the school with a student smoking area showed a significantly higher rate of student smoking than the one without.²⁵ A study by the California Department of Health Services found that between 1979 and 1983, the proportion of 18-19-year-olds who regularly smoked increased by 18%, while over the same time period the proportion of adult smokers declined.²⁶ High school smoking areas were first permitted by legislation enacted in 1977 (repealed in 1987).

CIGARETTE PRICES AS AN ACCESS ISSUE

Physical availability of tobacco products is a key access issue for youth smoking, but price is a complementary factor. Cigarettes that are very expensive, even if readily available over-the-counter and through vending machines, will not be truly accessible to many minors. The U.S. Government Accounting Office, building on previous work by Lewit, Warner, and others, recently estimated that a 21-cent increase in the price of a pack of cigarettes would reduce the number of teenage smokers by more than 500,000.²⁷

This conclusion seems to be borne out by the experience in jurisdictions where tax increases have been imposed. In Canada, impressive increases in the tobacco taxation rate have resulted in significant reductions in per capita smoking rates.²⁸ In California, since imposition of the incremental 25 cents per pack tax mandated after voter passage of Proposition 99, there has been a major decline in total cigarette sales in that State (David Altman, Ph.D., personal correspondence). Because adult demand for tobacco is more inelastic than youth demand, it is likely that smoking among young people has decreased at a greater rate than among adults.

ACTION AT THE COMMUNITY LEVEL

Over the past several years, there has been a flurry of activity to prevent the sale of tobacco to minors. Much of this action has been at the community level. For example, in Santa Clara County, California, a major community-wide education campaign resulted in a 50% reduction in the number of stores selling tobacco to minors (from 74% to 38%), though there was no impact on the rate of sale by vending machines, which remained at 100%.¹⁶ A *Tobacco Free Youth Project Users Guide* was developed in conjunction with this project, and has been used to inaugurate similar projects in other communities.²⁹

Unfortunately, even a successful community education program is unlikely to have a significant effect on reducing teenage smoking if such a large number of stores continue selling tobacco to minors, since young people will gravitate toward the stores and vending machines that continue to sell to them.

In Woodridge, Illinois, police officer Bruce Talbot successfully pushed for enactment of a local ordinance requiring tobacco merchants to obtain a license, and providing for fines and licensure revocation for

2026172387

violation of the law prohibiting sale of tobacco to minors under the age of 18 years. Compliance is monitored by means of "sting" operations in which a minor is escorted to stores. If cigarettes are sold to the minor, the store owner receives a fine. Since enactment and enforcement of the law, the number of stores in Woodridge selling tobacco to minors has declined from 92% to zero. Many other Illinois communities have passed or are considering this or similar ordinances. A similar ordinance was passed in unincorporated King County, Washington.

In Minnesota, the town of White Bear Lake outlawed cigarette vending machines in 1989. Since that time, eight other communities have followed suit, eleven have imposed more limited restrictions, and ten others are considering restrictions. A tobacco company effort to enact State legislation that would preempt these local ordinances failed (personal correspondence, Jean Forster, Ph.D.). The State of Utah, based upon evidence that lockout devices that have long been required on cigarette vending machines in that State to prevent use by minors had been ineffective, outlawed cigarette vending machines from all areas accessible to minors. The law was upheld by the Supreme Judicial Court of Utah against a challenge from the vending machine industry.

A number of jurisdictions have outlawed the distribution of free tobacco samples. They are totally prohibited in Minnesota and Utah; it is illegal to distribute smokeless tobacco samples in Nebraska. Eight communities in Massachusetts prohibit the giving away of free tobacco samples.

Another step that is being taken by an increasing number of jurisdictions is to post signs that warn against tobacco sales to minors. This may be not only effective at warning would-be underage tobacco purchasers, but also at reminding store personnel of the law.

A growing number of activists, impatient with the sometimes slow progress of enacting controls over the sale of tobacco to minors—often in the face of determined tobacco industry resistance—have taken to direct action against cigarette vending machines. For example, one antismoking organization published instructions for disabling cigarette vending machines, including the use of bent paperclips and coins dipped in Superglue. Another produces "out of order" stickers that can be placed over the coin slot of cigarette vending machines.

STAT (Stop Teenage Addiction to Tobacco) is a nonprofit educational organization that was founded in 1985 to eliminate adolescent tobacco addiction by raising public awareness of how tobacco companies use sophisticated marketing campaigns to attract young people, and how readily available access increases tobacco consumption among young people. STAT has prepared model legislation that has served as the basis for legislative efforts in a number of communities around the country.

STAT is organizing a national network of Community Organizers to implement strategies that will reduce the sale of tobacco to minors. In August, 1990, more than 300 Community Organizers will gather in Boston for the 1990 STAT Conference to learn more about ending the sale of tobacco to minors in their communities.

A PUBLIC POLICY AGENDA

Eliminating the sale of tobacco to minors is an essential step that must be taken if we are to achieve the national public health goal of a smoke-free society. Based upon research and review of what has been effective at the State and community levels, the following steps are probably necessary:

1. All free distribution, or "sampling" in tobacco industry parlance, must be outlawed. The giving away of free cigarettes and smokeless tobacco products is reminiscent of the drug pusher who gives the first one free in order to get his customer hooked.
2. Legislation at either the State or local level should establish that any merchant must obtain a license prior to selling tobacco products. There must be a provision that repeated violation of the law prohibiting tobacco sales to minors will result in meaningful monetary

2026172388

fines and/or extended revocation of that license. There should be provision that enforcement will be ensured by means of sting operations conducted by either the police or health department of the jurisdiction (the Tennessee State law explicitly provides that it is not entrapment for a youth under official supervision to attempt to purchase cigarettes to monitor compliance with the law.)

3. Cigarette vending machines must be outlawed. The nation's 374,000 cigarette vending machines are an open invitation to addiction for the nation's young people. A vast majority are located in areas where they cannot be effectively supervised. With the proliferation of 24-hour convenience stores over the past several decades, cigarette vending machines can no longer be justified in light of their potential to begin young people on the course of tobacco addiction.

4. Signs should be required providing notice of the minimum age of purchase law, and the store's intent to abide by the law.

5. Although this will require political willpower, the legal age for the sale of tobacco should be raised to 21 years, consistent with the age for legal sale of alcohol. This will send an important message that tobacco is just as hazardous as alcohol. It will also make it simpler for merchants to monitor identification for sale of products that are legal for adults but not for minors by establishing a consistent age for both tobacco and alcohol. Perhaps most important, since relatively few high school students are friendly with 21-year-olds (though many know 18-year-olds), this could dramatically reduce access to tobacco products for high school students.

6. Student smoking should be prohibited in schools.

7. Tobacco prices should be increased by means of taxation because young people are price sensitive in their demand for tobacco products. Ideally, revenue generated by increased taxes should be used for health education, as has been done with Proposition 99 tax revenues in California.

CONCLUSION

Adolescent tobacco addiction follows a classic economic model. Demand is created by sophisticated tobacco company advertising and promotional campaigns that associate smoking and tobacco chewing with the healthy, glamorous, and athletic lifestyles that many young people aspire to. Free samples, vending machines, and nearly unrestricted over-the-counter sales assure that there is a readily available supply to meet this demand.

The goal of a tobacco-free generation will depend upon success in preventing young people from gaining access to, and as a result becoming addicted to, tobacco products. It will take changes in the laws, and changes in public attitudes.

2026172389

REFERENCES

1. DiFranza, J and Tye, J: Who profits from tobacco sales to children? *Journal of the American Medical Association (JAMA)*, May 23, 1990.
2. Johnston, L: National Institute on Drug Abuse study on high school senior drug use (press release.)
3. A Gallup Organization poll of December, 1988 showed that 13% of teenagers aged 13 to 17 years were smokers, compared to 10% in 1987.
4. A survey of 392,000 students by Parents Resource Institute for Drug Education (PRIDE) showed that the percentage of junior high school students smoking increased from 20% in 1984-85 to 28% in 1988-89, and that smoking by high school seniors increased from 33% to 39% over the same time period.
5. Pollin W: The role of the addictive process as a key step in causation of all tobacco-related diseases. *JAMA*, 1984, 252:2874.
6. Tye, J: The first one is free: Getting kids hooked on tobacco. *The Tobacco and Youth Reporter*, 1:15-20.
7. Bowen, O: Introductory Letter to "Smoking and Health: A National Status Report," Centers for Disease Control, 1987.
8. DuPont, R: Getting Tough on Gateway Drugs. *American Psychiatric Press*.
9. American School Health Association: The National Adolescent Student Health Survey, 1989.
10. Kaplan, R: The Hardest Drug: Herion and Public Policy. *University of Chicago Press*, 1983.
11. "Alcohol Buying Among Youths Drops by 50%" *New York Times*, February 13, 1987.
12. Centers for Disease Control: Premature mortality due to alcohol-related motor vehicle traffic fatalities, United States, 1987. *Mortality and Morbidity Weekly Report (MMWR)*, 1989, 37:753-755.
13. Novotny, T: *MMWR* article, *in press*.
14. U.S. Department of Health and Human Services. The Health Consequences of Smoking: 25 Years of Progress. A Report of the Surgeon General.
15. DiFranza, J and Tye, J: Legislative efforts to protect children from tobacco. *JAMA*, 1987, 257:3387-3389.
16. Altman, D, Foster, V, Rsenick-Douss, L, and Tye, J: Reducing the illegal sale of cigarettes to minors, *JAMA*, 1989, 261:80-83.
17. Skrethy, M, Cummings, K, Sciandra, R and Marshall, J: An intervention to reduce the sale of cigarettes to minors, *New York State Journal of Medicine*, February 1990, pp. 54-55.
18. Ending Tobacco Sales to Teens, *Tobacco and Youth Reporter*, Autumn, 1989, 4:5.
19. Forster, J, Kunt-Inge, K. and Jefferey, R: Sources of cigarettes for tenth graders in two Minnesota cities. *Health Education Research* 1989, 4:45-50.

2026172390

REFERENCES (continued)

20. Davis and colleagues vending machine paper, *untitled and unpublished*.
21. *Tobacco and Youth Reporter*, Autumn, 1989, 4:7.
22. Cigarette Advertising, United States. *MMWR*, 1988, April 27, 1990.
23. Davis, R and Jason, L: The distribution of free cigarette samples to minors. *American Journal of Preventive Medicine*, 1988, 4:21-26.
24. DiFranza, J: (Press Release) Project "Bandit Busters," (University of Massachusetts Medical School, September 6, 1989).
25. Crow, C: Smoking areas on school grounds: Are we encouraging teenagers to smoke? *Journal of Adolescent Health Care*, 1984, 5:117-119.
26. Bohnstedt, M: Chronic Obstructive Lung Disease in California, 1979 and 1983, California Department of Health Services, January 1985.
27. Government Accounting Office: Teenage Smoking: Higher Excise Tax Should Significantly Reduce the Number of Smokers, June, 1989.
28. Cunningham, R: Canada's progressive tobacco control, *Tobacco and Youth Reporter*, Autumn, 1989, 4:14.
29. The Tobacco Free Youth Users Project Guide is available by writing to STAT, 121 Lyman Street, Suite 210, Springfield, MA 01102.

2026172391